1	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	0	1 3	5 3
	(TYPE	CEASED NAME OR PRINT)	BERN	ARd	F	B	055E	2a. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	3. SEX	Male			ite	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	C	New Jerse	у	U.S		WIDOWE		9 BALTIMORE CITY O	ster	County	MD.
0	C	AMBRICE	JE	Cambr	AFACILITY, GIVE STREET idge Nur GIVE RESIDENCE BEFOR	sing	PROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Gr	F WORKING LI		F BUSINESS OR
5	13a S		136. COUNTY		13c. CITY OR TOW	VN	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NO	13e. STREET ADDRESS	t Str	eet	21613
1		Anton		3.	Bosse		Josephi	ne		Cotre	nba
	16a W	AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		213-05-		Mary Benhof	f RD #2 Bo:			r, Pa.
		18 CAUSE OF DEATH W PART I. DEATH W Conditions, if any, gave rise to imm couse (a), statin underlying cause	which mediate g the	DUE TO, OF		ENCE OF	wires cul	Diseau Accid	Perk	APPROX BETWEEN / 2	DIASTE INTERVAL ONSET AND DEATH ACCEPT
7	CERTIFICATION	PART 2 OTHER SIGN	eur	8 Fo	where		NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
7	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING COUNTY MEDIC LIFELITHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOTIFY MEDIC AT WORK AT WORK	CAUSE OF DEATH CALEXAMINER) RED	P.A 21e PLACE C	A. MONTH D	AY YEAR 19 FARM, ETC)	211. LOCATION STREET	CITY OR TO		PART I OR PART 2)	STATE
		220:1 certify that (1) saw the decease abave, (1) (we) (d 22b. SIONATURE	ed olive on	1/13	164 19		nd that in (my) (aur) apinion DEGREE	death accurred on the d	ate and hou	ond from the	that (1) (we) lost causes stated SIGNED
1		Lawri		ayar Mar	eer Yanov,	MA	ATTENDING PHYSICIAN 220. ADDRESS 610	MEDICAL STA DIRECTOR DPHYSIC DRACE SH		1 216	1/44
	23a B	IRIAL CREMATION	REMOVAL	23h DATE	23,	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

Sacred Heart Jesus

Baltimore, Maryland

25a. DATE REC'D.

Baltimore

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Maryland

Jan 17 1984

Burial

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

DHMH - 16 50M 4/82 (VRA 15, 4)

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10	Aug. 5, 1902	67 Lav		4.6
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rer . 6.1	Bure Frault weres			Ingen
	Mary Land	erosi isa .	ONL MODE	. b binnos.

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR YEAR TYPE OR PRINTS rew ydia L. 3 SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS HOURS Feb. 26, 1904 White 79 Female 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Delaware Dorchester WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Dorchester Memorial Home House keeper Cambridge USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21632 Federal sburges University Ave. Fed., Md. 134 INSIDE CITY LIMITS? Maryland Caroline 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST Sarah Jane Sammons Arthur R. Beebe ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Federalsburg, Md. 21632 213-22-8521A Amos Beebe No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ovaries Canditions, if ony, which gave rise to immediate cause (a), stating underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 PART 2 OTHER SIGNIFICANT CERTIFICATION undlown 206 AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and have and from the causes stated obave, (1) (we) (did) (did not) view the body ofter death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL Dullay DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 日中 nman 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY federals. Caroline Md. Hillcrest Burial 1-8-84 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4))

STATE OF MARYLAND

as the sales of - Sun end de Linester Cambriles | company of the use atmost at 151) WANTED IN LIFE LIFE HOLDEN CONTROL OF THE PROPERTY OF THE PROP Tallet super lone, Jack and Line is India

King and the state of the state CASE IN CONTRACT TO THE RESIDENCE OF THE PARTY OF THE PAR t long i sol ing the address of the state of

Farmer & Carpenter

21655 Lorraine Adams, P.O. Eox 82, Preston, Md.

Burial

Jan. 16,1984 ashington Cemetery Hurlock, Lorchester, Maryland

THE RESERVE OF THE PROPERTY OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H		6. NO.	; 0	3 0
	1. DEC	CEASED NAME OR PRINT)	EDWARD		LL1 AM		ISTREET, JR.	20 DATE OF DEAT	JAN. 26	DAY YEAR	26 HOUR
1	1 SEX	X	LIDWIND	4 RACE	DEL LA	5. DATE C		6. AGE (IN YEARS LA		1 JOH	IF UNDER 24 HRS
		MALE		CAU.		DEC		73		MONTHS! DAYS	HOURS MIN.
1	BI	RTHPLACE (STATE COUNTRY) MAINE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	MD.
1		CAMBRIDG	E	DORCHE	STER GEN	ERAL H	OSPLTAL	170. USUAL OCCU (TYPE OF WORK FOR MI DUI 1		126. KIND O INDUSTRY CONST	ruction
1		AL RESIDENCE (IF NOTATE MARYLAND	13b COUN DORC	OTHER INSTITUTION ITY HESTER	CAMBRI	DGE	13d. INSIDE CITY LIMITS?	BONNIE	SS BROOK	2/	6/3
Ž		EDWARD		TLL1 AM	GREEN	STREET	15. MOTHER'S MAIDEN I	ANN		EDĽŰ	JND
		VAS DECEASED EV YES NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	212-09-		Mrs. Anna	C. Lee Thum	Same Green	as 13e street	
		Conditions, if o gave rise to cause (a), sta	ny, which	DUE TO, O	line far 10), (b), a Cardia R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE LOFONATI	UENCE OF	heart fails	re mitral ins	ushaine	1	whate interval onset and beath in the
2	CERTIFICATION	PART 2 OTHER SI Rheamstoic 190 DATE OF OPE	larthri	tic Pue	umonia, f	perigher	NOT RELATED TO THE TE VALVECULAR DISC N WAS PERFORMED	RMINAL DISEASE OR C PRE PENAL F 200 AUTOPSY? YES NO	206. IF YES IN CERTIF	, WERE FINDIN	NGS USED
1		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCU	WHILE WORK	21e. PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE,	, FARM, ETC)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
CAN COLUMN		22d PHYSICIAN'S Edward THE COMMENT OF T	rased alive and (did) (did) (did) (did no	t) view the body	after death.	, or	DEGREE D ATTENDING PHYSICIAN 22e ADDRESS 10 Aurora	MEDICAL PH	STAFF	,	SIGNED L/P4
	23a B	BURIAL, CREMATIO	n, removal L	JAN.30), 1984 M	NAME OF C	emetery or cremator erans Cem. of	f E Shore,	Beulah,	Dorche	ester, Md.
		URRAN FUN		OME, 30	B Highes	Md. t.,Cam	21613 bridge, 250.0	N 3 1 19	RAR 256. REGIȘTI	RAR'S SIGNAL	ure thick

DHMH - 16 50M 1/81 (VRA 15, 4)

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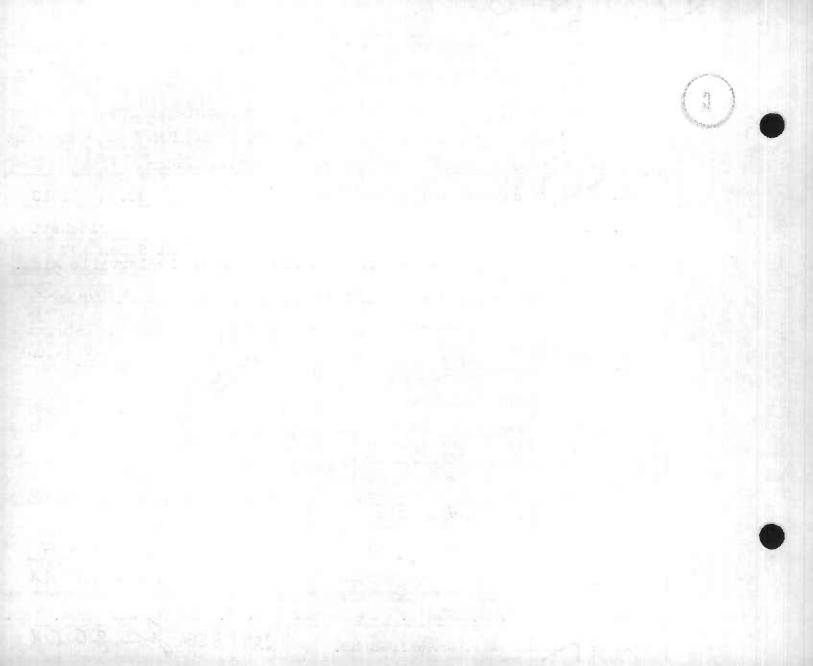
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6	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0 1	3 6 0
de 3		CEASED NAME FIRST CORPRINT) REBA	MIODLE		eris		MONTH DAY	YEAR 26 HOUR 84 12:36 AM
4 (C)		Female	Caucasian	5. DATE (6 AGE (IN YEARS LAST BIRTH	YRS	
Georph. P.	n	RTHPLACE (STATE OR FOREIGN OUNTRY) 1 aryland	76 CITIZEN OF WHAT COU	MARRIE		9 BALTIMORE CITY OF	ester	- Co. MD.
offer of the contract of the c	2e	ambridge	1). NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV DON Chaste	ESTREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NOMERAK	WORKING LIFE) II	2b. KIND OF BUSINESS OR NDUSTRY
in 24 hau y filled lii shauld b	130		or other institution, give residence NTY 132. CITY Or Chester Cal	RTOWN		13e STREET ADDRESS 309 Mil	l St.	21613
completely s 1 and 2 sh	1			mble	Is mothers maiden na. Lyda	WIGDIE		ritchett
be execu		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN] (IF YES, GIV	VE WAR OR DATES)	1 SECURITY NO. 07-8347	Winifred	Hobron Po		x 177 ille Miss.
he death certificate the attending physicis emove carbon paper emover rifoumatic event. His		PART I. DE ATH WAS CAUSI	inly one couse per line for (o), ED BY (TE CAUSE (o) CAPT		ACREST			BETWEEN ONSET AND DEATH HO Mun
death ce attending ove carbo rian, or ri		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	TACHUCAR	DIA		40 min.
that the aby the cose remains of cremater transfer the cose remains of the cose remains of the cost of		gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CON	ISEQUENCE OF	L INFAG	CETI NO		6 days
equires 1 n signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND)ITION GIVEN I	N PART 110
he law r an. hos bee it permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO
SICIAN: T ag physici certificate rial-transi entol Hygi	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)
offending ter this case the but hand Me	MEDICAL	21d INJURY OCCURRED WHILE DOPWHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	и с	COUNTY STATE
TTENDIN pital ar TOR: Af for use o of Healtl		22a I certify that (1) (this hasp sow the deceased alive or	, 1 1 11	1984	nd that in (my) (our) opinion	, todeoth occurred on the do	te and hour and	, 11101/11/1031
the hos AL DIREC AL DIREC letoched ore Dept.		221 SIGNATURE Q.	Mostow	-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	12c. DATE SIGNED
O HOSPITA etained by TO FUNERA should be 6 with the 5to		MICHAEZ A.	MOSKEWIC	ZM	22e. ADDRESS			DET Ad.
BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) DURIAL			EMETERY OR CREMATORY MARKET CEM	23d. LOCATION CITY OF TOWN E. NEW I	MARKET	DOR. STATE MD.
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR THOMAS FUNERA	AL HOME CAM	BRIDGE	MD. 25a. DAT	N 1 9 1984	REGISTRAR	of Coming



2	1-	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN	HEALTH			TH	() REG. NO.	3	Ó	
Water		CEASED NAME PE OR PRINT)	David		MIDDLE	loses	L		20. DATE KNO OF ES DEATH MA	WN K MC	1-23 1	984	2b. HOUR
THE SECOND	3. SE.	x Male	Negro	S. DATE OF BIRTH		ARS IF UN AY) MONTH		UNDER 24 HRS.	20 DATE PRONOUNCED DE AD	Jan.	23, 1°	P84	2d. HOUR
A FOREST	FC	IRTHPLACE (ST DREIGN COUNTRY)		76. CITIZEN OF WH		WIDOW		IVORCED	9. BALTIMORE	CITY OR CO	r Cou		PM
PAGE PAGE	0	ambric	lge	906 Phi	PITAL, NURSING HOM LITY GIVE STREET ADDRESS)		ER INSTITUTION	N 12a. USU	JAL OCCUPATION OF WORKING Labore:	ON (TYPE OF W	ORK 12b. KIN	OF BUS INDUSTR	INESS
F ANY D		Md.	17 IN NURSING HOME IN 13b. COUN DOP	VTY	e residence before admiss 13c. CITY OR TOWN Cambride	10N) 3 e	13d. INSIDE CITY EI YES X	IMITS? 13e STR	EET ADDRESS 5 Phil	lips	st. X	16	13
E. MO. 3		ATHER'S NAME FIRST Unkr	nown	MIDDLE	LAST		Unl	MAIDEN NAME	MIDDLE			ST	
BALTIMORE URS AFTE DE 3. GIVE PAGE PAGES I DIVISION OF	160. \	NO .		WAR OR DATES)	ORCES? 16b. SOCIAL SECURITY NO. 255-14-7383 Maud Hosea Cambrid couse per line for (a), (b), and (c)								
11 W. PRESTON ST., TED WITHIN 24 HOLP PENCIL IN ITEM 18 XAMINER ALONG AL: REMOST PERMIT OR REMOVAL.		410 Canditian gave ris	s, if any, which e ta immediate stating the under-	TE CAUSE (a) CO DUE TO, OR (b)	for (o), (b), and (c).) PONBRY OC AS A CONSEQUENCE AS A CONSEQUENCE	OF	sion			8ETW6	APPROXIMATE II BETWEEN ONSET TO WEEN THE PROXIMATE II TO WE		
AL RECORDS, 30 HOULD BE EXECU D'PENDING" IN HIEF MEDICAL E USED AS A BURI D'F HEATH A ND IL CREMATION, C	CATION	PART 2 OTHER SIG			UT NOT RELATED TO THE TERM	3/3/					20. AL	TOPSY?	
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DIVISIO THIS CERTII WARDED T WARDED T AAGE 3 SHI AATE DEPA	MEDIC	21d INJURY O WHILE AT WORK		21e. PLACE O	FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LOC S	ATION		CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO THEREAL DIRECTOR: PA ANTER DE TH, WITH THE ST BALLINGRE, MARYLAND, 213	/	22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIM	d from: Natu	ge of the remains descral causes (3), and the remains descral rate (3), and the remains descrat rate (3), and the remains described (3), and the remains describ	Accident , Su	Autops icide	Homicide TITLE (SPECI	TY MED	Inquiry X	D _i ,	ATE GNED 1/	25/8	34
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3	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE	REG. NO	0	1 8	6 3
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TAN	1.58	emale ISTATE OF FOREIGN	4. RACE	CCALL DE WHAT COUNTRY	5. DATE OF	DAY YEAR	2	S I	YRS.	ONTHS DAYS	HOURS MIN.
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ATTENDIII spitol or CTOR: A Ifor use of Health		220.1 certify that (1) (this h sow the deceased always above (1) (we) (did) (di	1-	9.3		that (my) (our) api	inian death o	ccurred on the do	te and hour		uses stated
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₽ ₱ ₽ # \$ ₹		URIAL, CREMATION, REMO SPECIFY) burial	23b. DATE 1/5			ster Mem	Pk.	LOCATION CITY OR TOWN Cambr			STATE Md.
DHMH - 16 50M 4/82 (VRA 15 4)	24 FU	NAME FOR STATE	Hara	700 PORESS	+ Itle	Irelay 21.	DATE REC'D	BY REGISTRAR	Sh REGISTR	R'S SHATU	X

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	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLANI EALTH AND MEI ICATE OF DEA	NTAL HYGIE		() 5. NO.	1 3	6 4
ge 3	1. DECEASED NAME (TYPE OR PRINT) RAYA	FIRST LOND	MIDDLE		50 W E		DATE OF DEAT		DAY YEAR	26 HOUR 7 57 AM
7 916	male male	4 RACE Whi	te	5. DATE O	DAY	1904	. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth Page	BIRTHPLACE (STATE OR FO		WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MAR	0	BALTIMORE CIT			MD
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filled in nould be	Md.	G HOME OR OTHER INSTITUTION 36 COUNTY Dor.	GIVE RESIDENCE BEFORE 13c CITY OR TOW Cambrid	apmission) N N O	13d INSIDE CITY	LIMITS?	3e STREET ADDRE	SS Box 31	.9 2:	1613
ompletely and 2 st	Prank	WIDGIE	Lowe		15 MOTHER'S M Bei	ulah	E.		Brai	mble
be execu	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	214-42-		17 INFORMANT Ethel	H. Lo		Item #	13	
quires that the death certifical signed by the attending phys hen please remove carbon page to burial, cremation, or ather traumatic event, alwy, or ather traumatic event,	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which cliate the last (c)	OR AS A CONSEQUE	NCE OF) THE TERMIN	AL DISEASE OR C	ONDITION GIV	30 4ER	
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OR ATTENDIN e hospital ar e DIRECTOR: Aft inched for use as Dept. at Health	saw the deceased	his haspital) attended the alive an TALL (did not) view the body	27 108		d that in (my) ou DEGREE		oth occurred on th	e date and hou		
TO HOSPITAL TO FUNERAL should be deter with the Store I	Wellow 22d. PHYSICIAN'S NAM MICHAEL		skense.	2	220 ABDRESS		MEDICAL SIRECTOR PH		1/2 068 /4	
ВР	230 BURIAL, CREMATION, RI (SPECIFY) burial 24 FUNERAL DIRECTOR	23b. DATE 1/29			MARKE!	r CEM.		W MARK	ET DO	DR. STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	THOMAS FUN	ERAL HOME	CAMBRI	IDGE	MD.	EB O	2 1984	blund	ARESTENA)	4

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1-	FOR STATE							MENT C	FHEA	TH AND	MENTAL	-			0	Carrier Carrier	3 6	5
1. DI	REGISTRAR CEASED NAM	F	FIRST				MIDDLE	EXAM	INEK	CERTIF	ICATE	OF DE	Zo. DATE		G. NO.	MONTH	DAY YEA	AR Zb. HOL
	PE OR PRINT)		Rose	2			Lee			Low	0		OF	EST	- 46	7_5	5- 198	
3. SE	X	4. RAC		5. DAT	E OF BIR			6. AGE (II	YEARS I	UNDER 1 YE		R 24 HRS.	2c. DAT			HIMON		AR 2d. HO
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1	ambri			(IF)	NOT IN SUC	CHEACH	ITY. GIVE S	RSING HOTTE	55)	OTHER INSTI	TUTION	FOR	MOST OF WO	RKING HE	E)		Reti	JSTRY
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	ATHER'S NAMI			WIDDLE				LAST		15. MOT	HER'S MAIL		F	MIDDLE			LAST	
	Rober	t		G.			91.70	Lov	<i>ie</i>	L POL	Ann	a V	irgi	nia	1		nning	
160	WAS DECEASE YES, NO, OR UNKNO		IN U.S. ARA					CIAL SECU	RITY NO.	17. INFO		14.	Rt.	1DI	DRE BO			
	No		-					-76-	305	3 Mar	ry Bo	sman	Eas	tN	lew	Mar	ket.M	
	18 CAUSE C	EATH W							7							11,	BETWEEN OF	NATE INTERVAL NSET AND DEAT
	41	19.4	IMMEDIAT	E CAUS				SEQUENC		usion		The second					Few	Mins.
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			immediate g the under-	3	(b) DUE TO.	OR A	S A CON	SEQUEN	CE OF		-							
	lying cau	use last.		1	(c)		-										4 2	
z	PART 2 DTHE8 S	IGNIFICAN	CONDITIONS (CONTRIBUT	TING TO DI	EATH BU	T NOT RELA	ITED TO THE I	ERMINAL DI	EASE OR CONDIT	TION GIVEN IN P	ART 1 o						
ATIO	190. DATE OF	OPER	ATION		19b. COI	NDITIC	ON FOR	WHICH O	PERATIO	WAS PERFO	ORMED?	-					28. AUTOP	SY?
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		ify that	I taok chorg	e of the	x.		ibed obo		n Au Suicide		Inspecting Inspection (SPECIFY)	Under	Inquiry termined m	anner		n my apin DATE SIGNED	1/6/8	34
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95	Mol I	3. SEX	4. F	RACE	S. D.	ATE OF BIRT		YEAR	LAST BIR	THDAY) MON			INDER 24		DATE		WC	HTMC	DAY YEA	R 2d HOUR
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H 2	20	N.	J.				U.S				WED [IVORCED			orch			VIII OF	MD.
123	SES 3	0. CITY OR	TOWN OF	DEATH	11.3	NAME OF H					HER INS	TITUTION	1 112	FOR MC	ST OF WO	PATION RKING LIFE)		VORK 128	OR INDUS	
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SUC.	N TO	18. C	AUSE OF D	EATH (Ente	er only one	e cause per l	ine for ((o), (b),	ond (c).)							S	57			ATE INTERVAL
N ST	ERW II		OIC			USE (a)				inju	cies	, 50	vere							
OST NE	AL.	>	Sonditions,	1 Any W	hich	DUE TO,	OR AS A	A CON	SEQUEN	CE OF										
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO STAINST THE WORDS "SENDING"." IN PEACE IN 1984	XXXX		ying cause I		ider-	DUE TO, (c)	UK AS A	A CON:	SEQUEN	LE OF										
35, 3 XECL		PART 2	OTHER SIGNIF	ICANT CONOI	TIONS CONTR	IBUTING TO DEA	ATH BUT N	OT RELAT	ED TO THE	TERMINAL OISE	SE OR CON	OITION GIV	EN IN PART 1	l (o).						
SOR BE E	AEDIC AS A NLTH MATIC	NO N																		
L REG	NIEF A	CERTIFICATION 130 E	ATE OF OF	PERATION		196. CON	DITION	FOR V	VHICH O	PERATION	WAS PER	RFORMED)?						20. AUTOPS	5 Y ?
SHO SHO	352		/19/8	4			odom		1 tr	auma									YES	NO X
OF.	I SHE	Zla. E	XTERNAL C	-	\S	HOUR A	A.M. MC	HTMO		EAR			CURRED		TURE OF IN	IJURY IN ITE	M 18 PART	1 OR PART 2	2)	
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EX S	L DIRECT	ACTI		X	1	2	-	. 1			//	E (SPEC	IFY)					DATE	1/19	184
ICAL	NERAL DEATH, ORE, M.	new .	ATURE_	1	m,			1			M.D.	1-1-		MEDIC	CALEXA	MINER		SIGNED.	1	/
MED	TO FUNERAL BALTMORE,	EXAM	ORPRINT)	ME D	r. Jo	ohn Ma	ice				_ADDRE	ESS	Cambr	ridge	e, M	ary1	and			
100000	TO FU AFTER BALTIN	23a.BURIAL	CREMATIC	N,REMOV						CEMETERY				CITY O	ATION			COUNTY		STATE
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	7 20M 1/73 5 ME (5))		AL DIRECTO		T	HOME	RESS	10 10 11	mo37	37 T		750.	DATE REC	C.D. BA I	()	AR 1756. I	CEGISTR	AK S SIG	NATURE	
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MI Com John & Caring

9	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO TICATE OF DEATH	GIENE 8 REG. NO	0	1 3	6/
1. 1		CEASED NAME FIRST	WIDDLE	100	LAST		MONTH DA	Y YEAR	2b. HOUR
death	1	HANG	Mae		urphy		1 14	184	11:50 PM
- e	3. SE		4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
hours of		Female	White	non!	7 80	83	YRS.		
in 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOW		9. BALTIMORE CITY O	-		, MD.
by the fu	0	AMDIDIE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVESTR Cambridge H	OUSE	OR OTHER INSTITUTION	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	ON F WORKING LIFE) 10	12b. KIND O INDUSTRY	F BUSINESS OR
filled in hould be		MD Dor		ore admission) DWN Warke	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS MD Route	14	2163	1
completely 1 and 2 sh		THER'S NAME FIRST John	W. Duni		15. MOTHER'S MAIDEN NA FIRST	t MIDDLE		Parr	ot
s. Pages		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 215-3		Alice Wil	Rtappa son Rhode	S Box	, MD	
n signed by the attending physis. Then please remove corbon poper to burial, cremotian, ar removal injury, or other traumatic event.	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUENCE	QUENCE OF D S C L QUENCE OF	EROSIS	MINAL DISEASE OR CONF	DITION GIVEN	1 da	25
hos been to permit.	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDIN	IGS USED OF DEATH?
entificate h ial-transit ntal Hygie em 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OIL (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T 1 OR PART 2)	
ter this c is the bur hand Me rked or H	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DIRECTOR: Afoched for use of Dept. of Health			oital) attended the deceased from n 19 at) view the bady after death.	0/1	nd that in (m) (our) opinion	, to	te and hour a		
FUNERAL old be dete		Muchael Q. 22d. PHYSICIAN'S NAME (TYPE MICHAEL A	Moskews Moskewicz	no	22e. ADDRESS	MEDICAL STAF MIRECTOR PHYSIC	IAN	DEE 1/19	01613
O 48 8		URIAL, CREMATION, REMOVA	L 23b. DATE 23	c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN EastNewN		COUNTY	state h . MD
- 16 50M 4/82 'RA 15, 4)	24. FU Z	oliter Funera	l Home, East		25a DA	N 2 5 1984	25b. REGISTRA	R'S SIGNATI	and a

DHMH (VRA 15, 4)

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J. S. A.

Fariland Dorchester Carbridge

september 1, 1901

Doronster

Cambridge House

Telephone Operator Telephone Co.

520 wis burn avenue

Alice darding

Torida 12757

212-03-6636A Sunice W. Harris, 704 Summit St., Mt. Dors,

Femal

Harlock, Maryland

John W. Madsor

burial Jan. 7, 1984 Unity Machineton Cen. Burlock, Dochoster, Laryland

and a		CEASED NAME	FIRST	-	MIDDLE	1	AST		20 DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR	
3 (1)		OR PRINT)	John L		L	Neighbors		19.00	1	5 84	<i>L</i> M		
	3. SEX			4. RACE		5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YE		
1/1	76 BIRTHPLACE (STATE OR FOREIGN			7b. CITIZEN OF WHAT COUNTRY?		MONTH	DAY	YE AR	79	YRS.	MONTHS DAY	YS HOURS MIN.	
1/2								9 BALTIMORE CI		TY OF DEATH			
Serol No.		ountry) /irginia	13.3	U.S.A.		WIDOWE		WORCED	DORCHESTER			MD.	
17	10 CITY OR TOWN OF DEATH			11. NAME OF	HOSPITAL, NURS	ING HOME			12a USUAL OCCL	IPATION		OF BUSINESS OR	
2	Ca	mbridge		Dorche	CHEACHITY, GIVE STRE	neral			(TYPE OF WORK FOR MOST OF WORKING LIFE)			nufacturin	
t hour		AL RESIDENCE (# NUI		HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO						ESS / ZIP COI		21/1/2	
7		ryland		nester	Cambri		YES K	NO [C hopts		CIDIX	
1		THER'S NAME			T COMMOT T	× 5 ×	15. MOTHER'	S MAIDEN NAM	AE	-			
71		Robert		ent	Neighbor	rs	Nan	nie	RO	se	Her	krader	
-		VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMA		A	DDRESS 103	Chopt	ank Ave.	
1	(YES, NO OR UNKNOW		(# YES, GIVE WAR OR DATES) 185		185-10	10-3285 Miss		inda Ne	eighbars Camb		abridge	ridge, Md. 2161	
	=	18. CAUSE OF DEA	TH (Enter on	lu gan sausa na	1				20			ROXIMATE INTERVAL EN ONSET AND DEATH	
		PART I. DEATH	WAS CAUSE	D BY: E CAUSE (a)			01.17	HMIA				INUTES	
d by the of eose removial, cremotic	A	Canditions, if an gove rise to in cause (a), stat underlying caus	nmediate ing the se last.	(c)_	PR AS A CONSEQ	UENCE OF		INFA				OURS	
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a										lia	
Jan.: The low requestions. Inficiale hos been similaries permit. The largest permit. The largest permit of Hygiene prior to a 18 shows ony injury.	CERTIFICATION	19a DATE OF OPER							200 AUTOPSYS	IN CERT	ES, WERE FIN	DINGS USED SES OF DEATH?	
		218. ACCIDENT WAS U	CAUSE OF DEA	HOUR A	M. MONTH		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C				
1	MEDICAL	(IF EITHER, NOTIFY MEI			.M. OF INJURY	19	211 LOCATIO	ON					
Attending or attending septial or attending septial or attending septial or attending septial	ME	WHILE NOT V	WHILE		REET, FACTORY, OFFICE	E. FARM, ETC)	STREET	1	CITY	ORTOWN	COUNTY	STATE	
		22a L certify that		tal) attended t	he deceased from		129	10 24	to	115	1084	that D (wa) lost	
	22a certify that (I) (his hospital) attended the deceased fram 198 to 199 to									he causes stated			
		271 SIGNATURE	(did) (did no	t) view the bad	after death.		DEGREE					ATE SIGNED	
		()	: ,	6.10	0		1100	ATTENDING A	MEDICAL	STAFF	1/11	1816	
1		PHYSICIAN DIRECTOR PHYSICIAN DIR											
/		DAVID	B.S	TOECK		no	4001	AUROR	4 ST. C	AMBRI	DGE,	MD	
		BURIAL, CREMATION	, REMOVAL	1-8-8			EMETERY OR		23d LOCATION		COUNTY	STATE	
			1	1-0-0	1		ster Ce			dge, Dor			
		UNERAL DIRECTOR			ADDRESS	308 H	igh St.	25a DATI	REC'D. BY REGIS	RAR 256 REGI	STRAR'S SIGN	IATURE Colorel	
	Cu	rran Fune	ral Ho	me	Camb	ridge,	Md. 2161	.3	JAN 12	124			

FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO CERTIFICATE OF DEATH

REG. NO.

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to de constant de	double as it	E83E-77-583	
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y in article, parchealor, al.	exces Canador	de rou Aa-a-	Latina
	1.	80E 0 utrde (0)	Current Current, design

46	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
ege be		CEASED NAME ROLL	ert E	E. Perkins				20 DATE OF DEATH MONTH DAY YEAR 26. HOUR				
Page 4 may be indirector, page 3 hours offer death	3. SE		4. RACE	4. RACE - 5. D.			TE OF BIRTH DAY VEAR 12 4 02			IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI		
nerol dire	-	IRTHPLACE (STATE OR FOREI	16. CITIZEN OF WHAT COUN		MARRIED NEVER MARRIED WIDOWED DIVORCED			9. BALTIMORE CITY O	F DEATH			
s ofter d	100	Tambridge	11. NAME OF					12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Intelligence		G LIFE) 126. KIND OF BUSINESS C INDUSTRY U.S. Govt.		
24 hour	130.				N	13d. INSIDE C	ITY LIMITS?	Rt. 1, Box	183	7165	7	
completel and 2	14.F	THER'S NAME FIRST MIDDLE LAST PIRST MIDDLE Edward Perkins LAST Unknown								LAST		
ificate be executed within 24 physicion and completely fill napopers. Pages, Land 2 within moval.		WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (III	RITY NO.									
ow requires that the d been signed by the o rmit. Then please remo prior to buriol, cremot ony injury, or other tro	ATION	cause (a), stating underlying cause I	derlying couse last. (c) Afferosclerofic Chaliocontelor Disense (c) Afferosclerofic Chaliocontelor Disense (c) Afferosclerofic Chaliocontelor Disense (c) Afferosclerofic Chaliocontelor Disense (d) Afferosclerofic Chaliocontelor Disense (d) Afferosclerofic Chaliocontelor Disense (e) Afferosclerofic Chaliocontelor Disense (e) Afferosclerofic Chaliocontelor Disense (e) Afferosclerofic Chaliocontelor Disense (f) Afferosclerofic Chaliocontelor (f)									
SICIAN: The long physicion. certificate has in rial-transit perrentel Hygiene per tem (Behows of the most perrentel Hygiene per tem (Behows of the most perrentel Hygiene per tem (Behows of the most perrentel Hygiene per	AL CERTIFICATION	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	YES NO	YES	NG CAUSES C	NO [
G PHYSIN offending er this ce sithe burier ond Merice when the condition of the condition o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE F		211 LOCATIO STREET		CITY OR TO	WN	COUNTY	STATE	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requiresoined by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been significantly be detached for use as the buriol-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to build the Bate Dept. of Health and Mental Hygiene prior to build the Bate Dept. Is marked artifem (18)-thous any injury		270.1 certify that (1) (this hospital) attended the deceased from 19, to 19, that (1) (we) lost saw the deceased alive on 22, 19, 32, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death										
		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
		Michael Fadden, M.D. 22e ADDRESS Hurlock, Maryland 21643										
BP		BURIAL, CREMATION, REA (SPECIFY) Burial		10,1984 Na	tion		rial Pa	23d LOCATION LE Falls C				
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR	ins Funeral					N 1 2 1984	SH REGISTRA	2. Can	uf	

U.S.A.

Colorado

nwenshnu

dward Perkins

Derchester

Intelligence U.S. Govt.

Maryland Dorchester schodesdale X st. 1, box 183

unicrown

Cambridge.

219-05-7989 Pauline R. Short, Cambridge House, Md. 21613

Michael Fadden, M.D. hurlock, Maryland 21643

Jan. 10,1954 National Momorial Park Falls Church, Virginia Federalsburg, Md. Framptom-Nawkins Puneral Home, 216 N. Main St. impletely filled in by the funeral direction of an and 2 should be filed within 72 hour

and completely filled

MPORTANT: If Hem 21 is marked at Item 18 shows any injury, or other traumatic event, the

should be detached far use as the burial-transit permit. Then please with the State Dept- of Health and Mental Hygiene prior to burial, cr

	1-	FUR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	(GIENE B 4	0 1 8	7 1
		CEASED NAME FIRST	MIDDLE		∱ ¹	20. DATE OF DEATH N	AONTH DAY YEAR	2b. HOUR
		THOMAS	HILTON HOWAR		INKETT		1 16 84	3/0M
	3 SEX		4 RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
h		IALE	NEGRO	6	24 23	00	YRS.	
Th		OUNTRY)	76. CITIZEN OF WHAT COUN	ITRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	and the same of th	
11		YLAND	U.S.A.	WIDOWE		DORCHESTER		MD.
3		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES DORCHESTER	STREET ADDRESS)	HOSPITAL	12e USUAL OCCUPATION TYPE OF WORK FOR MOST OF Laborer		
5	13m. S			TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ROUTE #1, B	ZIP CODE 30X 4/ 21869	9
7()		THER'S NAME LIAM	MIDDLE PINK	KETT	HELEN HELEN	MIDDLE	SMI [']	asi TH
-		AS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDRES		
1	9	ES NO OR UNKNOWN) (IF YES, GI	YE WAR OR DATES) 215-18	3-4852	MARTHA B. P	INKETT sam	ne as above	
		PART I. DEATH WAS CAUSI PART I. DEATH WAS CAUSI MMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying causes lost.		SEQUENCE OF	4 (1000et	disea se	15	DXIMATE INTERVAL N ONSET AND DEATH
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TEL	rminal disease or cond	ITION GIVEN IN PART	2 404
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES.	
9	MEDICAL CER	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR	-	JRRED (ENTERNATURE OF INJURY	IN ITEM TE PART I OR PART 2	
	MED	WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.).	21f LOCATION	CITY OR TOW	n county	STATE
		270.1 certify the (1) (this hosp saw the doceased alive or above (1) (we) (did)) did no	ot) view the body after death.		nd that (n (my) our) opinio	on death occurred on the dat	te and hour and from the	that (I) (we) lost e couses stated
		22h SIGNATURE	le Ol	Q	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		1.16 . 8
1		224 PHYSICIAN'S MAME TYPE	GRORINI)		220. ADDRESS	Porollad	dis =	1613

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR: After

24 FUNERAL DIRECTOR

JOLLEY MEM MEMORIAL CHAPEL (VRA+15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL

23h. DATE

1/21/84

SALEM U.M. CEMETERY Rt. #2, Jersey Road 35. DATE REC'D. SALISBURY, MD. JAN

23c NAME OF CEMETERY OR CREMATORY

SALEM

DORCHESTER MD."

STATE OF MARYLAND

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dia i	0	- 1	0	5	6

	1-	FOR STATE REGISTRAR			DEPART		EALTH AND M			G. NO.		0 00
ı		CEMOLD INVALE	IRST	N	IDDLE		AST		20. DATE OF DEA		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	ton		Γ.	Po	: + chet			1	4 84	3:32 PM
	3. SEX		4. F	RACE		S. DATE C			6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	/	Male		Who	te	MONT	12	12	71	YR		HOURS MIN.
5	7a. Blf	RTHPLACE CSLATE OR FORE COUNTRIAND	IGN 7b	CITIZEN OF V	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MA	ARRIED 🛣	9 BALTIMORE CI	ester	NTY OF DEATH	MD.
1	0	TY OR TOWN OF DEATH	11.		OSPITAL, NURSI	ADDRESS)	OR OTHER INSTIT	NOITUI	12a USUALOCCU (TYPE OF WORK FOR A LABORI	OST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR
5		AL RESIDENCE WHURSING TATE 136	COUNTY Dord		BIVE RESIDENCE BEFOR 131. CITY OR TOV Nicale	VN	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDR	ESS / ZIP CO	DDE 21675	
1		XXXXXXX		DLE.	TCHETT		15. MOTHER'S	RST	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ALL	CE SLACI	
		VAS DECEASED EVER IN I	U.S. ARMEI		166 SOCIAL SEC		17 INFORMAN	IT	A	DDRESS		
	NO	******X			213 -12-	2340	MRS. M	ARY PO	WLEY V	INGAT		1675
		PART I. DEATH WAS	CAUSED B	Y	ardionu	1	y arra	est				CONSET AND DEATH
1	Н	1991	MEDIATE C		AS A CONSEOU	Mary -						
1		Conditions, if any, wl		(b) <u>/</u>		tic	squemoi	es ce	1 carcin	oma	8 2	nouths
		gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF										
	5	PART 2 OTHER SIGNIFIC	CANT CON	(c)	NTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	IN AL DISEASE OR	CONDITION	GIVEN IN PART I	10
e e	TION			VIII - 50 - 10 - 1						Leas us	MES WEST SINIS	
1	CERTIFICATION	190 DATE OF OPERATION	N	196 CONDI	TION FOR WHICH	HOPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CE	YES, WERE FINDI RTIFYING CAUSES YES [
2	CERI	21a. ACCIDENT WAS UNDERLY	the same of	216. TIME OF			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PA					- U
7		OR CONTRIBUTING CAUS		HOUR A.A		AY YEAR						
	MEDICAL	214 INJURY OCCURRED		21e. PLACE C			211 LOCATION	4	CIFA	ORTOWN	COUNTY	STATE
	Σ	WHILE AT WORK NOT WHILE		(Al Home SIK	ET, PACTORT, OFFICE,	PARM, ETC.)						
		220.1 certify that (I) (thi		4 / -		Fil	rember	19 83		4		That (I) (we) last
		sow the deceased o	(did not) vi	ew the body	ofter death.			our) opinion o	death occurred on t	the date and		
1		E. Mac	engl	ll.		113	DEGREE AT Pt	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	1/ S	SIGNED
		Edmund &	T. M	1 1	ushlin		10 A	urora	st. (Camb	idge 1	ud
	23a. B	BURIAL, CREMATION, REA	JAVON	236 DATE	230	NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION			
	1	BURLAL		01-0	7-84 DO	DRCHES	TER MEM	PK CE	M. CAMBR	1DGE	DORCHEST	CER MD
		JNERAL DIRECTOR			ADDRESS	CAM	BRIDGE,	MD 250. DATE	E REC'D. BY-REGIS	LRAR 256. REC	SISTRAR'S SIGNA	TURE 0
	CI	URRAN FUNERA	T HO	Æ 308	HIGH S	r., 21	.613	T	AN 12.19	84 0	so and	concered

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

should be detoched for use as the buriol-tror with the State Dept. of Health and Mental Hy IMPORTANT: If them 21 is marked or them 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNF 🕏

CAMPAN CALL STREET The region benefit with the Villetin Civil THE PROPERTY OF STREET AND ADDRESS OF THE PARTY OF THE PA

X	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 0	1874
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
o p p p p p p p p p p p p p p p p p p p	(TYP	Columb	านเ	StaTler	01 - 3	31-84 10 PM
may b page er dea	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor,	L	MALE	BLACK	A.G. 15, 187	/ 112 YRS	NONTHS DAYS HOURS MIN.
4 7 2 The	70. B	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
10 (13/2)	1	MARYLAND	USA	WIDOWED DIVORCED	-DORCHESTER	MD.
VIII	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
10 0 1	10	Cambridge	CAMBRINGE	HOUSE	LABOLER	RET.
212	USU	AL RESIDENCE (IF NUMSING HOME OF		ORE ADMISSION)		21613
24 2 24 1	130.	STATE MA 136 COUN	DOR CAMBE	(520 GLENBE	. r M
I I	14, F	ATHER'S NAME	DOK CHIMI)	15. MOTHER'S MAIDEN N		7106.
MAR De Company	1	JOHN	STATT.	ER FIRST	NIA	LAST
RE.		WAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRESS 524	GLEMBULN AVE
WO X WO TO		YES, NO OR YNKNOWN) (IF YES, GIV	E WAR OR DATES)	GYROT (AMBRIXES	HOUSE MES REES	CAMB. ME.
ALTI	-	LI CAUSE OF DEATH (Sales of	ly ane cause per line far (a), (b),	and (c)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficos ficos		PART I. DEATH WAS CAUSE	Ď BY:	(. H. fail	luce	BETWEEN ONSET AND DEATH
TST Services		L//// IMMEDIAT	E CAUSE (a)		1	
PRESTON ne death c martendir mation, or		7140	DUE TO, OR AS A CONSEC	DUENCE OF Pulmonar	4 /westion	
de d	13	Canditians, if any, which gave rise to immediate	(p)			
V. P		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		k. ' 0	
the the sees of the proof		bliderlying cause last	(c)	Generalyea	alku or derous	
S, 2, 2	7	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 11a
ORD requ	_ <u>ē</u>	Caronary	Hear Su	rease ASCV	1 2	
RECORDS. I law requires to been significant. There was any injury to be a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
						S NO
N: The sysical transit property Hygiel	Ü	210. ACCIDENT WAS UNDERLYING	110110 1 11 11011711	DAY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
SICIA ng pl certif riol-t tentol	¥	OR CONTRIBUTING CAUSE OF DEA	1111	19		
DIVISION OF NG PHYSICIA To attending pl as the buriol-1 th and Mental arked ar them	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
VISI G Pl er the er the and ked	Z	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC) SIREET	CITY OR TOWN	COUNTY
O N O N O N O N O N O N O N O N O N O N			tal) attended the deceased from	n19	ta	19, that (I) (we) lost
TEN TOR Pruge		saw the deceased alive an	19		n death occurred an the date and have	
R ATT hospined for the for the 2		abave, (1) (we) (did) (did na 22b SIGNATURE	t) view the bady after death.	DEGREE		22c. DATE SIGNED
0 = 0 0 0 =			Samuran		MEDICAL STAFF DIRECTOR PHYSICIAN	1-01-04
by the by	-	224 PHYSICIAN'S NAME LITTE O		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	1-21-37
HOSPITAL		ZZE PRII SICIAI SIGNAME (INFO	1	THE ADDRESS	11 15- Paris	1-10- 111
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stot	-	EYUP IA	NMAN M.D.	11 FRANI	11-97	RILEK, MA.
F 5 F 4 7 3	230	BURIAL, CREMATION, REMOVAL	4	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNT STATE C
BP		RURIAL	02/04/84	WAUGH	CAMBEIDEE	DOR. MID.
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	Dr. CL	110 1. 70 m/2 1	ATE REC'D. BY REGISTE R 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	E	ulula C. Do	Su CAM	BRISCE, MS. HEB	U 9 1984 Johan	c latinety :

the family and the same of the family of the same Person Contraction of the Contract of the Cont TELLIFICATION OF THE STATE OF T JAN 37 1384 Jang anich

- 1-	FOR STATE REGISTRAR				MENT OF H	IEALTH .		NTAL HY			DE/	() G. NO.	E-Pures	3 /	6
	ECEASED NAMI	Joy		middle		Ł.	man			a. DATE OF		N Dt M		DAY YEA	26. HOL
3. SE	x emale	white	5. DATE OF BIRTH	1964	6. AGE (IN YEAL LAST SPITHDA	Y) MONTHS	A_	HOURS A		C DATE RONOUI DEAD	NCED	Jan.	. 19), 19 8	AR 2d HOL
) [OREIGN COUNTRY)		U.S.		TRY?	8. MARRIE WIDOWE	-	ER MARRIE	XX			nest		OF DEATH	N
	Cambri	dge	11. NAME OF HOSE (15 NOT IN SUCH FACE Emersor	C. I	TREET ADDRESS) Harrin	gtor			FORM AS:	at occu ost of wor semb	RKING LIFE LET	(TYPE OF W	VORK 12	OR INDU	BUSINESS STRY
13a.	Md.	Dorc Dorc	ROTHER INSTITUTION, GIV TY hester	13c CITY	OR TOWN	3	3d. INSIDE CIT	NO 🗆		et addri 915	Tal	isma	an I	ane	2161
	Henry	El	sworth		ilman		ΕÏ	R'S MAIDEN Sie	INAME	٨	AIDDLE		Ma	gnus	on
160.	WAS DECEASE YES NO. OR UNKNO	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		0-80-9		Elsi	e M.	Ti:	Lman		RESS It	tem	#13	AATE INTERVAL
NO	gove ri cause (a lying cau		(b) DUE TO, OR A (c) CONTRIBUTING TO DEATH B		ISEOUENCE C		OR CONDITION	GIVEN IN PART	1 (a).						
CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION WA	S PERFORM	AED?						20. AUTOP	30
MEDICAL CER		CCURRED	21e PLACE C	MONTH 1-19	LAT HOME.	Pa:	sseng	camb	n c	arwh	nich	co.	lide	ed wi	car.
	22a I certi death result ACTUAL SIGNATURE EXAMINER' (TYPE OR PRI	ed fram: Natur	e of the remains desc	Accident	ve, held an	Autapsy	Homicio TITLE (SP	Inspection :	Undete	Inquiry rmined m	k, anner	and in	My opini DATE GGNED	1/20	0/84
MEDICAL CERTIFICATION		TION, REMOVAL 2		23c. N	NAME OF CEA	ETERY OR	CREMATOR	RY	1337 10	ATION		h]	COUNTY	Mc	STATE
24	FUNERAL DIREC		ADDRESS		BRIDG		2:	Sa. DATE RE	6 198	REGISTO	2 25b.	REGISTRA			

. His Start Brand Cariety.

	1.	FOR STATE		DEPAR		ALTH AND MENTAL H	YGIENE	U	: 0 , ,
/		REGISTRAR CEASED NAME FIRST		MIDDLE	LAST	ATE OF DEATH	20 DATE OF DE	EG. NO.	DAY YEAR 26 HOUR
NE .	(TYPE	BRADE	HE	ρ.	TOD	10	JANUS		1984 7 4
	3 SE	MALE	CAUC	ASIAN	S. DATE OF	BIRTH DAY YEAR 04 09	6 AGE (IN YEARS)	AST BIRTHDAY) YRS	MONTHS DAYS HOURS M
n 72 ha		RTHPLACE (STATE OR FOREIGN OUNTRY!		S.A.	Y? 8 MARRIEN WIDOWED	NEVER MARRIED DIVORCED		rchest	
sited with	1	TY OR TOWN OF DEATH Cambridge	(IF NOT IN SUC	HOSPITAL, NURS CH.FACILITY, GIVE STRE L ester	SING HOME OR	other Institution ospital	12a USUAL OCC (TYPE OF WORK FOR Seafoc	MOST OF WORKING	126 KIND OF BUSINESS INDUSTRY CET, SELF EMP
ould be	13a 3	AL RESIDENCE (IF NURSING HOME STATE 136 CC	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEF	OWN 11:	3d INSIDECITY LIMITS	? 13e STREET ADD	RESS	21627
ond 2 sh	14. F/	ATHER'S NAME Richard	MIDOLE .	Tod		MOTHER'S MAIDEN		DDLE	Bramble
Poges 1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	212-9		Blanche		ADDRESS Item	n #13
remove corbon popers motion, or removal refrormatic event, the		Conditions, if ony, which gove rise to immediate	DIATE CAUSE (a)	Cyclain RAS A CONSEG LEFT	QUENCE OF	cell c	metas	tuses	APPROXIMATE INTERVAL RETWEEN ONSET AND DEA 1 2-yeqp
n signed by the offending of Then please remove corbon to buriol, cremotion, or ren injury, or other froumatic ev	ATION	PART I. DEATH WAS CAL IMMED 1629 Conditions, if ony, which	DUE TO, O DUE TO, O DUE TO, O CC TO CONDITIONS CO	R AS A CONSECTION TRIBUTING TO	QUENCE OF	g with	metas	tuses	SIVEN IN PART 1(a)
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UNECLION After this certaince has been signed on the ordered or oched for use as the buriof-transit permit. Then please remove corbon Dept of Health and Mental Hygiene prior to buriol, cremation, or ren if Hem 21 is marked or Item 1830ows any injury, or other traumatic as	MEDICAL	PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE AT WORK 27d, PHYSICIAN'S NAME (TY) 27d, PHYSICIAN'S NAME (TY) 27d, PHYSICIAN'S NAME (TY) 27d, PHYSICIAN'S NAME (TY)	DUE TO, O LO DU	R AS A CONSEGUE R AS A CONSEGU	QUENCE OF	OT RELATED TO THE TE WAS PERFORMED 21c. HOW INJURY OCC 211. LOCATION STREET , 19 that in (my) (6074 opining GREE ATTENDING	RMINAL DISEASE OF THE PROPERTY	R CONDITION CO. 2 20b. IF Y IN CER. 2 10 IN CER. 2 10 IN CER. 2 10 IN CER. 3 10 IN CER. 4 OR TOWN 5 TAFF 6 HYSICIAN	Z Y C 9 P SIVEN IN PART 1(a) (ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 7, that (I) (we) our and from the couses stated 122c. DATE SIGNED

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	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
1	DECEASED NAME (IVE OF DEATH MONTH DAY YEAR 28 HOURS 1/26/84
The state of the s	WIALE DLACK OCT. 12 19/1 72 YRS. TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED B BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED MORCED MORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED MORCED
filed w	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NO IN SUCH FACILITY, GIVE SIREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STATE 13. STREET ADDRESS / ZIP CODE 13. STREET ADDRESS / ZIP CODE
nd completely fille	MA. DOR. CAMBRIAGE YES D'NO 707 WRICHT STREET A FATHER'S NAME JAKE. WOOLE WOOLS IS WAS DECEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 433 NORTH ST
certificate be e ing physician a rbanpapers. Po r removal. itc event, the me	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS, A CONSEQUENCE/OF
quires that the death signed by the attend hen please remove co hen buriol, cremotion, ijury, or other troumo.	Conditions, if any, which gove rise to immediate cause (a), stofing the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The law recicion. te has been sit permit. If green prior that shows only in	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18. PART 1 OR PART 2)
DING PHYSICIAN: The or ottending physicial After this certificate to six the buriol-tronsit only and Merked or tem 18 shomorked or tem 18 showorked or tem 18 shomorked or tem 18 shomorked or tem 18 shomorke	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING ACCIDENT WAS UNDERLYING ACCIDENT WAS
he hospital be hospital DIRECTOR: coched for us Dept. of He H them 21 is	22e.1 certify that (I) (this haspital) attended the deceased from
TO HOSPITAL retained by the TO FUNERAL should be determined by the Management of the State (MACATTAL).	220. BURIAL, CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 1236 LOCATION
BP IMH - 16 50M 4/83 (VRA 15, 4)	THEREICK C. Steam CAMBUSES, MS. FEBUSE 1800 1984 John & County DOR. STATE NO.

SETTE SHEET BY amount of the married travels of thereon the May be desired the state of the state of the state of THERE ZEER DEAD WEST THE STATE OF THE SERVERS WEST ELECTE ELECTION THE TENED SHEET SHEETS ARE SHEETS FIRE FE John & Court France & stage Commencer 1985

	FOR STATE REGISTRAR		RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 4 0	1 3 3
	DECEASED NAME FIRST TYPE OR PRINT) JUD	MIDDLE E	WR	IGHTSON	20 DATE OF DEATH MONTH	16 84 8 A
3	female	white		OF BIRTH TH 11 DAY 1924	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS	FUNDER I YEAR IF UNDER 24 H
3	BIRTHPLACE (STATE OR FOREIGN	U. S. A.	WIDOW	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Dorchest	
3	Cambridge	Dorchester	"Gene	ral Hosp.	TO USUAL OCCUPATION	12b. KIND OF BUSINESS INDUSTRY NOSpital
35 13			NWD	13d. INSIDE CITY LIMITS?		Ave. 21613
7/	FATHER'S NAME FIRST AMOS	B. Green	_	Chlora	WIDDLE	Morris
1 16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SE 235-3		Joshua A.	Wrightson Jr.	Item !3
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEC	X/A DUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 3-4 Me or tet
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF	LEFT OVARY	IC , WG MA	9 MONTHS
2	190, DATE OF OPERATION 4-7-83 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI INTESTINAL TO METASTATIC 216 TIME OF INJURY	CH OPERATION OF BST.	DN WAS PERFORMED RUCTION LEFT OVAR 1216 HOW INJURY OCCURR	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
9	OR CONTRIBUTING CAUSE OF D (IF ETHER NOTEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
23	22a.1 certify that (1)(this has	M Late Land		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN URSRA STREET	19
23	BURIAL CREMATION REMOVA	L 23b. DATE 23	NAME OF	,	123d LOCATION	
1	(SPEC(FY) burial	1/28	Dor.	Mem. Park	Cambridge	Dor Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

etained by the hospital or attending physicion.

TO HOSPITAL OR ATTENDING

24 FUNERAL DIRECTOR CAMBRIDGE MD. FUNERAL HOME

rk, Cambridge Dor,

ELECT . THE MODEL OF F. O. 2. 184 John g. Carily